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# BULLETIN

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## Planning a Ten-Year Program In Child Welfare

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Paper given at Ohio Welfare Conference, Canton, Ohio, September, 1937

**S**Ocial planning is infinitely more complicated than the planning done by individuals, and building a long-time social program for child welfare is a difficult feat.

Embarking on such an adventure requires, first, the charting of the course. What are to be the goals of this endeavor? Much information concerning desirable objectives and means of obtaining them is already available. New studies may be required as the planning grows.

Of all recent group thinking in the field of child welfare, the 1930 White House Conference for Child Health and Protection is the most extensive and has enunciated the most fundamental principles. In its Children's Charter it presented a program for each State to adapt to its own use. One of the essentials the White House Conference set forth was the need to establish for all children a national minimum level of life, which we have liked to call the American standard of living. Another essential is the need of facilities in every community for finding every child in need of special care and for diagnosing his needs accurately. A third principle demands that, having found the child and having determined what the solution of his problem requires, every community should have at hand varied services to provide all kinds of treatment.

To meet just these three essentials for an adequate child-welfare program challenges our ingenuity and resourcefulness. The first calls on us to deal with underlying causes of dependency, neglect, and delinquency. The second points to the rural areas and those towns that have few or none of the child-guidance clinics or opportunities for medical and hospital care that some urban areas provide. The third underlines the fact that funds are necessary to

meet all needs and to stay uninterruptedly with the job as long as the need lasts. It points to the network of the specialized and supporting services that are needed, such as recreation centers, vocational education and vocational guidance, special classes and visiting teachers, all of which must somehow be obtained if social work for children is to be effective.

It is not a small enterprise on which to embark and it is well to begin with a limited program. A description of Pennsylvania's experiment along this line may be of value. It was called the Ten-Year Program of Child Welfare and followed closely upon the White House Conference of 1930. The United States Children's Bureau and the Pennsylvania Children's Commission had made several studies that offer valuable information concerning conditions in the State. Since, however, the legislature did not continue the work of the Commission and passed little of the legislation it recommended, Pennsylvania was left with excellent reports but no leadership with which to carry on. Fortunately, there was in the State a private State-wide agency chiefly concerned with the development of public welfare, the Public Charities Association of Pennsylvania. This organization stepped forward at that point and offered to provide the full-time trained leaders without whom no program of social action can hope to be effective.

The two groups that first came together, at the call of the Public Charities Association, to discuss next steps, selected for study the 10 divisions of child-welfare work that seemed to them to cover the State's most immediate problems. These were: Fatherless children (stressing extension of the Mothers' Assistance Fund); family aid from public and private agencies (with emphasis on poor relief);

children away from home; children before the courts; marriage laws and the child; the deserted family; children of unmarried parents; crippled children; children with visual handicaps; and children with mental handicaps.

It was decided to outline probable goals to be worked toward for the next 10 years. Although only 7 of the 10 years have passed, the scene has already changed. Federal grants-in-aid for emergency relief and for public assistance were not contemplated in 1930. With them has come a great change in our social work machinery. However, in the beginning and for the next few years the 10 divisions of work that were chosen served well enough.

Early in the program the two original discussion groups realized that they were made up of professional social workers and represented only the two largest cities. They felt that alone they could accomplish little, and that the great need was to get as many people as possible to thinking about Pennsylvania's hindered children and what could be done about them. With the full-time leadership provided by the Public Charities Association, discussion groups were organized throughout the State. Thirty-eight of the 67 counties had round-table meetings, their consideration being given to one or more of the 10 subjects, which had been outlined in a pamphlet called "Tomorrow." Each local group decided which subject was most important in its locality and was encouraged to consider one or more of these rather than to undertake to review all 10. More than a thousand citizens attended these local round tables, and return engagements were frequent. Many counties had several sessions. The minutes of these meetings were then assembled and reviewed by a committee of specialists in each field. The findings provided the final outline of the Ten-Year Program. This was finally presented to and adopted by a State-wide conference after many months of this preliminary committee work and round-table discussions.

Not until then, however, was the program really launched. At the point of adopting the program, the problem of translating it into reality became acute. More committees were formed to continue study, to promote legislation, and to keep alive the interest of citizens. They were, however, composed largely of professional social workers and busy members of boards, and the weakness of this form of organization soon became apparent, especially as the Public Charities Association found it impossible to continue to provide the leadership of the program.

This happened when the country began to enter

the depression years. New emergencies drew many board members and social workers into the relief field, and interest in child-welfare problems, as well as funds, dwindled. When Pennsylvania, with the rest of the country, began to emerge from the depression, unfamiliar situations had to be faced. The Social Security Act, passed in 1935, required the establishment of new forms of public-welfare organization and new legislation in the States. Attention no longer needed to be given to the mothers' assistance program because aid to dependent children, on a wider scale, was on the way.

The archaic system of poor relief in Pennsylvania, long in disrepute, had completely broken down during the years of widespread and extended unemployment, and no social planning group could longer afford to try to patch it up. Therefore 1937 saw the old poor law abolished and a public welfare board in every county taking over the duties of the former directors of the poor. County welfare boards had been the dream of the Ten-Year Program committee on family aid, but the hope of obtaining them had been so faint that no one had thought of doing more than studying them and drawing up tentative legislation. The Social Security Act also affected the original plans for crippled children in Pennsylvania, for here too the Federal Government had entered the scene and the emphasis had shifted.

Perhaps from this account of Pennsylvania's experience some may think that planning for social progress on a long-term basis is only a waste of time. This is not so. I doubt whether anyone who participated in those first discussions and those county round tables would wish to be without that experience. The intelligent expression of interest by citizens from every walk in life and from communities of every size was extraordinarily stimulating, and the recollection of it will always be cherished by those who were privileged to hear it. Who can say how much the way to the abolition of the old poor-relief system was simplified by the thinking that the Ten-Year Program started along this line?

Some lessons may be passed on to those in other States who hope to do something of the same sort. One of these is to plan enough but not too much, and not to look ahead too far, as changes are sure to come. Another lesson is to stimulate other groups, such as those in the educational field and those in the medical field, to carry on simultaneous planning rather than to draw them into the social welfare plan. Facilities in these fields should keep step with needs turned up by the social welfare group, and this

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## The Requirements for a Good Diet

THE diet must fulfill certain requirements in order to maintain an individual in optimal health. Such are:

### I. Sufficient calories.

A calory is that amount of heat necessary to raise the temperature of a litre of water from 0° to 1° Centigrade. When food is burned in the body, heat is produced (measured in calories), and this heat supplies energy. If not enough food is taken for energy requirements, body tissue is broken down and burned. If more food is taken than necessary, fat is deposited. But children need more food in proportion to body size and activity than does the adult, because some must be used to build body tissue and thus provide for growth. There are three kinds of food:

*Proteins* to supply building material for the body. These come chiefly from meats, eggs, fish, milk, etc. A gram of protein produces about 4 calories when burned. Children need more than adults because of growth.

*Carbohydrates* for energy. They are the cheapest foods, and are supplied by cereals, bread, potatoes and sweets. When more of them are eaten than needed, they are converted into body fat. They supply about 4 calories per gram.

*Fats* supply energy and help the action of the bowels. An excess is deposited as body fat. They supply about 9 calories per gram.

There is no rule for the number of calories needed which can be applied to all people, for a person's burning rate depends on his glands of internal secretion and his basal metabolic rate. In general children should eat enough—

- a. To satisfy the appetite.
- b. To maintain consistent growth in height and weight.
- c. To give a moderate padding to the body without the deposit of excess fat.

### II. Proteins of good quality.

Certain proteins, as that of gelatine, do not contain the amino-acids which are required to build body tissues. Milk, eggs, and meat furnish valuable proteins, and these should be abundant in the diet of the young individual if normal growth is to be maintained.

### III. Plenty of water.

Water is necessary for the body functions. Not only eliminative processes, but all body cells depend on it for health.

### IV. Minerals needed by the body.

Chief of these are:

1. *Iron* to build red blood cells and hemoglobin, by which oxygen is carried about the body and which is necessary to the health of every cell of the body. Green vegetables, eggs, and meat furnish iron. Lack of iron causes anemia, a deficiency disease.
2. *Calcium* and *phosphorus* to feed bones and nerves. Both are necessary for strong bones and good teeth. Calcium is especially necessary for the nervous system, and the "nervous child" is often one who is not taking enough milk and green vegetables, the two chief food sources of this mineral. Meat, eggs, cheese, nuts, and cereals are rich in phosphorus.
3. *Iodine* to feed the thyroid gland. This should be supplied in food or water or otherwise, in order to keep this gland healthy. In some parts of the United States iodine does not occur in sufficient amounts in food and water. Its lack over long periods may cause enlargement of the thyroid (goitre), or malfunction of the gland, either hypothyroidism or hyperthyroidism. The function of the gland may be tested by a basal metabolism test, and as hypothyroidism leads to mental and physical sluggishness and lack of normal development, this test should be used freely on children who show these traits and are old enough to co-operate. It should be accompanied by an x-ray of the wrist, as the state of development of small bones here may assist in the diagnosis. The latter examination is also useful for children too young for the basal metabolism test. Extra iodine or thyroid gland material should be taken only on the doctor's advice.

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## BULLETIN

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C. C. CARSTENS, Editor

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## The Institute as a Social Agency

IT IS not many years ago when social workers regarded institutional care of dependent and neglected children as hardly within the field of social work at all. At the White House Conference of 1909, institutions were but slightly represented and received practically no recognition in its deliberations or in the resolutions that were adopted, although at that time at least seven out of every ten children cared for away from home in the United States were living in institutions.

A great change has come within the last thirty years. The White House Conference on Child Health and Protection of 1930 gave institutional care full recognition as a constituent part of social work for children.

Various influences have reduced the proportion of children in foster institutions so that it is not much, if any, greater than the number in foster family care. Although there may be some further shrinkage, progressive boards of directors and superintendents of institutions for dependent and neglected children are facing the future with the assurance that an institution with a modern equipment in plant and personnel has a contribution to make in child care that will be increasingly recognized by all child care workers.

The superintendent of this type of institution has a new philosophy. He realizes that his staff needs training that is comparable in its field to those who have had training in foster family care. He needs case work equipment, because without it he cannot have full acquaintance with his children. He finds children in his institution to whom the institution has nothing more to give and who should be adjusted to family and community life. He plans so that his program for case work, health, recreation, education and daily living may be completely integrated with each other, each under skilled direction. The insti-

tution has become a part of the case work process. In some cases it will be rendering a service that no other agency can render equally well.

The changing needs of the children require that easy access shall be available for the transfer of children under supervision to their own families, to foster families, or back again into institutional care. This is leading to the development of the whole program of child care around the institution so that any service the child needs may be rendered by the same board of directors and superintendent. This is no longer an experiment. In all parts of the country institutions have become full fledged social agencies with flexible programs to meet most of the community's need in the care of dependent and neglected children. This plan has been found economical of money and effort.

It would be unwise to say that every institution should equip itself to render all the various types of service to children. All need a case work staff for inquiry, adjustment of family life, for vitalizing the institution program of daily living and for the child's adjustment into his community at the proper time. Whether the institution should proceed to add such services as foster family care, housekeeper service, foster day care, mother's aid, etc., depends upon the status of the program in the community. It certainly should not complicate the community's program by rendering a competitive service.

But where no such services exist as every modern community needs, there is good reason why no new agency should be developed. Let the institution enrich its program and become a social agency, extend its usefulness and possibly its life.

—C. C. CARSTENS

## League's Regional Conferences

**SOUTHERN REGIONAL CONFERENCE**, Biltmore Hotel, Atlanta, March 11 and 12. Chairman: Miss Florence van Sickler, Executive Secretary, Child Welfare Association of Fulton and DeKalb Counties, 779 Juniper Street, N. E., Atlanta, Georgia.

**MID-WEST REGIONAL CONFERENCE**, Knickerbocker Hotel, Chicago, April 8 and 9. Chairman: Miss Wilma Walker, Associate Professor of Case Work, School of Social Service Administration, University of Chicago, Chicago, Illinois.

**EASTERN REGIONAL CONFERENCE**, Benjamin Franklin Hotel, Philadelphia, April 22 and 23. Chairman: Miss Ora Pendleton, Executive Secretary,

Children's Bureau of Philadelphia, 311 South Juniper Street, Philadelphia, Pennsylvania.

NEW ENGLAND REGIONAL CONFERENCE. No conference is planned for the spring of 1938.

All those interested in child welfare are cordially invited to attend the League's regional conferences. There is a small registration fee to meet incidental expenses.

## The Requirements for a Good Diet

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4. Many other minerals are found in the body, but if the ones above are supplied in sufficient amounts, others will accompany them.

### V. Vitamins.

The word VITAMIN was coined in 1912 by a physician named Casimir Funk, who believed that these food constituents were in the amino-acids (amine) and that they were necessary for life (vita). The second part of this statement still holds true, though it is now known that these are not amines.

Until only recently the vitamins were regarded as something more than a little mysterious for not until the past ten years were any ever chemically isolated. But now there are several which may be obtained in chemical form, notable among which is Vitamin C, or cevitamic acid, which may be administered instead of orange juice.

In general it is the *natural* foods which contain the vitamins. These are foods formed by nature, and changed as little as possible before serving. Thus milk and cream, raw vegetables and fruits, whole grain cereals and eggs, are the most valuable foods. To these might be added cod liver oil, which contains Vitamin D (the "Sunshine" Vitamin), without which it is difficult for any baby brought up outside the tropics or chiefly indoors to develop perfectly.

More is known about the diseases caused by an extreme lack of these vitamins than about the effects of a moderate lack. But more and more data are being collected about the latter and in the following paragraphs we shall try to give some idea of what are believed to be the effects of moderate lack, as well as of extreme lack. It is to be noted that children may be given plenty of food, yet if it is not chosen carefully for its vitamin content, poor nutrition will ensue. And by poor nutrition we mean not necessarily lack of weight, but flabbiness of muscles, poor posture, poor teeth and poor color, etc.

*Vitamin A* we associate with the color yellow. It is contained in cream, butter, carrots, egg-yolk, cod liver oil, and in green vegetables, where the yellow is obscured by the green. We now think that some of the automobile accidents at night are due to lack of this vitamin in the driver's diet, for this lack affects light perception. Deprivation of this vitamin causes changes in the mucous membranes also, and makes them more ready to receive infections; thus it is thought to make people susceptible to colds and other respiratory infections. Its extreme lack causes an eye disease, fortunately very rare, called xerophthalmia, which leads to blindness.

*Vitamin B* is chiefly found in green vegetables, whole cereals, and yeast, and has primarily to do with health of the nervous system. While not destroyed by cooking, much of it boils out into the water, so this should be used, or vegetables should be steamed rather than boiled.

The extreme lack of this vitamin causes beri-beri, a disease not uncommon among people who live chiefly on polished rice.

The moderate lack is common, and children who are high strung and lacking in appetite should be suspected of this.

*Vitamin C* is associated chiefly with raw foods (fruits and vegetables), with the chief exception that canned tomatoes may still contain it. Its most valuable source is from oranges and other citrus fruits. Its marked lack causes scurvy, to which babies are particularly susceptible if deprived of orange or tomato juice in the first few months. Its moderate lack is thought to lead to retarded growth, defective teeth, and poor resistance to infections.

*Vitamin D* has the same effect as sunshine on the bones of the growing child, causing proper lime deposit, and thus keeping bones and teeth firm. It occurs in cod liver oil and other fish liver oils, and is an important constituent of the diet of the growing child. Vitamin D milk, if a quart is taken daily, will provide sufficient of the vitamin for most children. And in passing, it may be noted that evaporated milk is just as good food as fresh milk, and often both cleaner and cheaper.

*Vitamin G* is related to B and occurs chiefly in the same foods. Its deprivation is thought to have something to do with pellagra, though this is not entirely clear. This disease is not uncommon among people who live chiefly on salt pork, corn meal, and molasses. It does not occur when milk, fresh meat, eggs, and green vegetables are eaten.

It is generally conceded that one of the criteria for the state of nutrition is the condition of the teeth,

and that one of the requirements of a good diet for children is that children who eat (and assimilate) it, shall not show increase of dental caries.

Drs. C. L. Drain and J. D. Boyd, of the University of Iowa, studied a group of pre-school children with excessive dental decay. They found a striking arrest of such decay on the following diet:

1 qt. of milk.	2 large servings of vegetable.
1 egg or more.	2 servings of fruit.
½ oz. of butter.	1 teaspoon of cod liver oil.
1 orange, apple or tomato.	Other foods to satisfy the appetite.

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—FLORENCE A. BROWNE, M.D.

### The League's Work For Community Organization

ONE of the most interesting projects with reference to Adoption is now under way in New York City. The Alice Chapin Adoption Nursery, The Spence Adoption Nursery, the Foster Home Department of the Children's Aid Society, the Child Placing and Adoption Committee of the State Charities Aid Association and the Rebecca Talbot-Perkins Adoption Society of Brooklyn, a group of agencies which have social case work service in their adoption work, asked the League to examine the adoption procedure of New York City as it relates to the care of Protestant or non-sectarian children.

Miss Mary Frances Smith, of the Children's Bureau of Philadelphia, is making the study. She is acquainting herself with methods that obtain in hospitals, clinics, maternity homes, children's agencies and surrogate courts. There is much diversity and great confusion as to the ways in which these adoption agencies can be used advantageously. It is hoped that out of this examination may come suggestions which will prove a better guide for the natural mother, the adopting parents, as well as other social and health agencies that are concerned with the care of the child.

In West Virginia, the League is rendering a dif-

ferent type of service. The Children's Bureau of the State Department of Public Assistance has divisions for foster care, for child welfare service, for probation and parole and for the inspection and licensing of private agencies and institutions. The Division of Foster Care, formerly the State Board of Children's Guardians, has about 1400 children under its direct care and in foster homes located throughout the state. At present it is administered from the State Capitol. The League has been asked to evaluate the present program and at the same time to consider whether it is best to carry on the service through the present central administration or to decentralize the work among the various counties, all of which have county departments of public assistance. Well-trained staff has been furnished by the State Department of Public Assistance and the Child Welfare Division of the Children's Bureau of the United States Department of Labor.

In Richmond, Virginia, the League will shortly make its second survey as a follow-up on the one that was completed in 1926. At the present time, under the direction of a Committee on the Organization of Social Forces, a case by case study of children in care of the various agencies and institutions is under way, with Miss Kathryne E. Mullinnix of Cleveland in charge. Later with the use of data gathered by Miss Mullinnix's staff, as well as information gathered by the League's own staff, a community program in child care will be developed and suggestions will be made to the organizations for their individual improvement. Rarely has the League found a community more interested and better organized for getting good results from its surveys.

### The Problem of Frequent Replacement of the Young Dependent Child

THIS article by Dr. Florence Clothier, Psychiatrist for the New England Home for Little Wanderers, Boston, Massachusetts, appeared in the October, 1937, issue of "Mental Hygiene." The League has available a limited number of reprints which may be obtained at 10 cents a copy.

THE 1938 Edition of the Child Welfare League Publication List is now available. During the past year new material has been published and reprints of outstanding conference papers have been made available in pamphlet form. These should be of value to all workers in the child welfare field. Copies of the Publication List may be secured by writing this office.



## Notes and News

### Family Welfare Association Directory

THE 1938 edition of the Inter-Agency Service Directory, published by the Family Welfare Association of America, 130 East 22nd Street, New York City, lists over a thousand family welfare agencies in the United States and Canada—public, private, Jewish, Catholic and non-sectarian, with arrangements for forwarding service in 48 states and 6 Canadian provinces. There have been many changes since the 1937 Directory was published. Full instructions for using the Directory are contained in the introduction. Single copies, \$1.00 postpaid.

### New Publication of the Pennsylvania School of Social Work

THE first copy of the "Journal of Social Work Process" makes an excellent impression and should be a worth-while contribution to the field of professional literature. This is a journal sponsored by the faculty of the Pennsylvania School of Social Work. This first issue contains the following articles:

Introduction—The Relation of Function to Process in Social Case Work, Jessie Taft.

Diagnosis—The Dynamic of Effective Treatment, Almena Dawley.

Movement Toward Treatment in the Application Interview in a Family Agency, Else Jockel.

Function as the Integrating Force in Child Placement, Helen Baum.

Agency and Child in the Placement Process, Irene Liggett.

The Temporary Home as an Integral Part of Adoption Procedure, Mary N. Taylor.

A Psychology of Helping in Work with Adolescents, Dorothy Hankins.

Therapeutic Utilization of Probationary Authority Vested in a Private Agency, Doris Mode Affeck.

The Dilemma of Medical Social Work, Dorothea Gilbert.

In the preface Miss Virginia P. Robinson, Acting Director of the School, states the purpose and plan for this publication. The Journal may be obtained at \$2.00 a copy through the Centaur Book Shop, 204 South Juniper Street, Philadelphia.

### An Invitation To Read—A List of Titles recommended by the Mayor's Committee for the Selection of Suitable Books for Children in the Courts

THIS is a most interesting compilation of suggested reading for children of different ages and intellectual

levels. It is the work of a Committee appointed by Mayor F. H. LaGuardia under the chairmanship of Dr. Frank J. O'Brien. The books are excellently chosen and classified and each title has a brief annotation.

To quote from the Mayor's introduction: "The use of the book in child guidance is really a pioneer effort being tried in the New York Children's Court. The Mayor's Committee for the Selection of Suitable Books for the Children in the Courts has here outlined how it may be carried forward to the advantage of the children and society. The List of Books recommended shows a nice discrimination in selection and a balance in all types of books that children will enjoy. The Committee rightfully recognizes that this List of Books submitted is a very limited one as to the number of volumes it contains, and emphasizes the fact that with experience in the specialized field for which it is intended it will doubtless require revision from time to time."

The list should be of help to adults in the selection of reading for children. It seems unfortunate that the subtitle carries the wording, "for children in the courts," as the listing is admirably suited to the general run of children in the care of agencies and institutions.

This pamphlet may be obtained from the Municipal Reference Library, 2230 Municipal Building, New York City, for 25 cents a copy.

### Summer Courses in Social Work

IN its fortieth summer session, from June 20 to August 31, 1938, The New York School of Social Work will offer two terms of approximately six weeks each in which will be included courses of interest to professional social workers. Robert T. Lansdale will teach a new course in Introduction to Public Welfare.

In addition, the school is offering five seminars from August 1 to 12. These seminars are open to experienced social workers, and will be in the following areas:

Public Welfare Administration—Robert T. Lansdale	
Labor Problems	—John A. Fitch
Group Work	—Clara A. Kaiser
Social Case Work	—Gordon Hamilton
Philosophy of Supervision	—Fern Lowry

A special feature of the program will be the afternoon sessions in which seminar members will meet with each other and study the inter-relationship of the various areas under a sequence of seminar leaders.

Full details will be furnished upon request to the school.

## Book Review

WHAT SOCIAL WORKERS SHOULD KNOW ABOUT ILLNESS AND PHYSICAL HANDICAP—Published through Henry F. Bonnell Fund by the Family Welfare Association of America, 78 pp., price 60 cents.

THE thirteen chapters of this book represent summaries of so many lectures given early in 1937 under the auspices of the Westchester Council of Social Agencies.

The following subjects are considered: Medical ethics, internal medicine, diabetes, heart disease, the venereal diseases, tuberculosis, pediatrics, the physically handicapped, convalescent care, chronic illness, old age, and mental hygiene. In most cases these are discussed first by a doctor, then by a social worker, showing how the work of each supplements the other in assisting the patient to bridge the gap between dependency during his illness and the return to an independent economic life adjusted to his physical condition.

The final chapter consists of a summary by Gordon Hamilton stressing the positive and constructive ideals in medical social work. "The chief concern of the social worker should be with what the patient can do rather than with what he cannot do. The importance of building habits of independence, the re-establishment of normal functions as far as possible, the maintenance of normal situations—these are the objectives of social workers so that they may play their part in the reduction of dependency. They will place their emphasis upon home care rather than institutionalization; work rather than idleness; recreation and social outlets rather than isolation, wherever possible." Finally there is a brief statement by Marion Rickert in regard to the financial problems of providing medical care for the indigent.

These papers are concise and thought-provoking, and should be helpful not only to the social worker, but to the physician, in clarifying the relationship between them, and their obligations toward the patient.

—FLORENCE A. BROWNE, M.D.

## New League Publications

### SELECTED SOURCES OF HEALTH MATERIAL

The League has compiled a mimeographed list covering five pages of printed matter pertaining to the health of children and health education program. It lists thirty-five sources from which pamphlets,

posters, plays, etc., may be obtained either free or at nominal charge. Price, 10 cents each.

### SPECIAL INFORMATION SERVICE

The January issue of the Information Service has been distributed. This brings the number of special issues to seven. Additional copies may be secured from the League office.

Intake Service for Children's Agencies, 25 cents.

Compilation of Replies to Questionnaire on Medical Programs, Medical Records and Costs of Medical Care, with Comments, 15 cents.

Data Regarding—Vacations, Sick Leave, Leave of Absence for Training, Use of Volunteers, 20 cents.

Data on Salaries in Child Care Agencies and Institutions, 25 cents.

Regarding Foster Day Care, 20 cents.

Regarding Adoptions, 20 cents.

Per Capita Costs and Methods for Determining Them, 20 cents.

## Planning a Ten-Year Program In Child Welfare

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group should stand ready to dovetail its resources with others as may be needed. A third lesson is to make sure of continuous leadership in order to see the plan through, rather than to expect busy executives and volunteer leaders to give this important service on the margin of their time.

Much pleasure awaits those who embark on an experiment of planning a better day for the children of their State, but sacrifices will be asked of them as well. Personal points of view will have to be shifted many times. Social organizations, both public and private, will have to change and adapt their policies and often abandon their old programs for entirely new ones. The planning groups themselves will constantly have to remind themselves that they are not dealing with mechanisms of organization and with academic theories alone, but with a social activity that is to affect the lives of human beings. The purpose of the plan is to reach the places where people live and to make available the means by which they may overcome their handicaps and move out into wider opportunities.

For this the planning group must be made up of those who care primarily for people. If they care enough they will be willing to sacrifice their own programs and points of view and will have the enthusiasm to make others care. They will also have the skill to lead others in a united march in the "straight way towards tomorrow."